

# Medical Care Advisory Committee

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## Minutes of Meeting January 16, 2014

Committee Members Present: Lincoln Nehring, Michael Hales, Russ Elbel, Mark Brasher, Jackie Rendo, Mark Ward, Steven Mickelson, Andrew Riggle, Debra Mair, Donna Singer, Danny Harris, Greg Myers, LaVal Jensen, Kevin Burt, Michelle McOmber, Tina Persels (by phone)

Committee Members Excused: Warren Walker, Mauricio Agramont

Committee Members Absent: Matthew Slonaker, Jason Horgesheimer

UDOH Staff: John Curless, Emma Chacon, Shandi Adamson, Rick Platt, Craig Devashrayee, Tonya Hales, Tracy Luoma, John Nicolaisen

Audience: William Cosgrove, MD, Doug Springmeyer, Alan Pruhs, Joyce Dolcourt, Adam Grimaldo, Pete Zeigler, Kris Faulkner

## Introduction and Welcome

### Introduction of New Committee Members

- Danny Harris, Director of Advocacy for AARP Utah, will represent Senior Citizens.
- Donna Singer, CEO of Navajo Health Systems and Blue Mountain Hospital, will represent Native American Communities.
- Mark Ward of University of Utah Hospitals and Clinics will represent Utah Hospitals.

## Minutes

It was moved by Andrew and seconded to approve the minutes of the previous meeting. The motion was passed.

## New Rulemakings

Craig Devashrayee presented the new rulemakings. There were no questions.

## Budget Update/Medicaid Annual Report

*The Annual Report is available online at*  
[http://health.utah.gov/medicaid/pdfs/annual\\_report2013.pdf](http://health.utah.gov/medicaid/pdfs/annual_report2013.pdf)

Rick Platt presented the Cases Served Report.

- Total enrollment was 253,982, which was down by 764 or 0.3%

- Over age 65: 14,516, down by 5
- People with disabilities: 32,3318, up by 101
- Children: 167,095, down by 1,172
- Pregnant women: 5,708, down by 23
- Adults: 34,345, up by 335

He noted that the number of children enrolled has been dropping for four months. We believe that this is because the economy is improving and fewer families have a need for Medicaid. We will ask DWS to help us get more information. It was asked whether the children are transitioning to CHIP, but the CHIP numbers are going down as well. We are receiving reports that we're not getting requested verification info from families and cases are being closed. Dr. Cosgrove asked whether there were any good numbers on how many members may be moving to commercial coverage. Mark Brasher said that ORS's collections are up, so many children may be losing eligibility because their families' income has increased or they have gained commercial coverage through another parent. Michael added that enrollment in a third party insurance would not cause a child to lose Medicaid coverage, only CHIP, and Medicaid would become a secondary payer on any claims. It was reiterated that the enrollment numbers were provided for December and do not include any of the January eligibility changes.

Lincoln asked whether any kids may have lost any eligibility in December but will again become eligible in January. Michael replied that there likely are, but we don't have any good numbers on that.

## **1915(c) Acquired Brain Injury Waiver Renewal**

Tonya Hales reported. She briefly explained the nature of home and community-based services. Waivers expire every five years and need to be renewed. The ABI waiver expires in June of 2014. We are very close to submitting a final draft, and then there will be a 30-day comment period. The submission must be sent at least 90 days before the expiration of the current waiver.

The Brain Injury Assessment will be changed in the following ways:

- The assessment questionnaire (Comprehensive Brain Injury Assessment) was adjusted. Some questions were deleted, an electronic version was created, and the scoring was changed to reflect the new length of the assessment
- New settings for respite services were added
- Massage therapy was added as a new service
- Quality improvement measures were added/modified in accordance with CMS guidance

Russ asked how the massage therapy would be billed. Michael pointed out that there are 100-120 people who are affected by the ABI waiver and massage therapy will not be a covered benefit for the general Medicaid population. Russ replied that there is confusion in the plans about state plan services vs. waiver services. Tonya said it's good to know about things like that and she would take it into consideration. Danny asked how long the waiting list is for the ABI Waiver. Tonya did not have that information. There are 1900-2000 people on the waiting list for DSPD services in general, but the list

doesn't parse out which service they're waiting for. \*Information was received following the meeting – there are approximately 90 individuals who would likely need services through the ABI waiver currently on the waiting list.

## **CHIP to Medicaid Transition Update**

Emma Chacon reported on the CHIP transition. The second letter has been mailed to families. It says that the children will transition to Medicaid and gives the options for choosing a health plan. Families will have until February 14 to choose a plan. If families don't choose, they will default to the plan they had on CHIP. Families who choose a plan or who are defaulted to their CHIP plan will have 90 days to switch if they need to. We have sent notification to providers via the MIB. We're seeing some children transition already because families are contacting DWS to switch early. We're working with DWS to make some changes to eREP. We did not want to have a gap between CHIP care and Medicaid care.

Lincoln asked whether we've had any feedback from families. Emma replied that there has not been feedback yet, but the HPRs are set up to capture that if it comes.

## **MMIS Update**

Michael Hales reported on the MMIS update, since Jason Stewart was ill.

The department is working toward a change in their claims payment system. The pharmacy POS has already been replaced. We will have Jason Stewart, the Project Director, will give reports approximately every other month. The next change coming will be a provider portal to go along with a smaller, plastic Medicaid card. The portal will roll out in April-May, and plastic cards will be issued in July. The goal is to have providers used to using the portal by the time the new cards are issued. If there are issues, we can fix them before the cards change. The portal will have all the same information that is currently on the Medicaid cards. It will be the responsibility of the provider to check eligibility before providing service, so providers would need to update their business practices. We will mail out a new card to Medicaid beneficiaries prior to July. We will not be replacing the cards every month.

The Medicaid web pages will also be changing. 8-10 of the main pages will have a new look and feel, with other pages to be modified later on.

Alan asked whether there will be trainings for providers. Michael said that there will be a communications team focused on the provider community. We are looking at have that team perform some training. The contact point will be Jason Stewart. Russ asked whether the automated phone eligibility line would remain operational. Michael said that it would. Shandi confirmed that the line will stay in operation. Dr. Cosgrove asked what record they could keep, since the Xeroxed card would not be considered proof of eligibility.

## DWS Legislative Audit

Kevin Burt reported on the legislative audit. The audit was over a year long and looked at the workers and the culture/climate at DWS. DWS has implemented several changes. While that has reduced the overall budget, they attempted to monitor the impact of each change. Caseloads for all programs have been going up.

## Healthcare.gov/DWS Data Sharing

2 weeks ago, we implemented a strategy to go after this. We have made contact with everyone who applied between October 1 and December 5. Some individuals did not have enough information to process the application. We are honoring the application date that was filed on the exchange. We will have to assess applications based on the old rules for any eligibility in 2013. 12,000 people have been assessed as possibly eligible for Medicaid. Many of the individuals who applied through healthcare.gov have already submitted an additional app with DWS directly – possibly because they were unsure of when they would receive a response, or were looking to have their cases addressed sooner.

Michelle asked whether individuals who want commercial insurance can get it if they're eligible for Medicaid. Michael said that individuals can't get a subsidy if they're eligible for Medicaid. They could buy insurance, but they couldn't get a subsidy.

DWS is working on an automated solution. Healthcare.gov is working much better. 14,000 Utahns applied between December 6 and December 27. Until that is fully functional, DWS is working applications manually and doing the best they can with the information being sent. DWS has cases set up for each primary person who applies, just in case their household changes. Healthcare.gov was not built around the eligibility system, and so that piece can't be automated. There are other pieces like that so there will continue to be cases that need to be worked manually. We believe we'll have a much more automated solution by the end of the month.

Lincoln asked how many, of the 12,000 people who were assessed eligible, will actually be eligible. Kevin replied that we do not know yet. If a person applies with DWS and is determined ineligible, they may be eligible to receive a subsidy. The interface to tell Healthcare.gov that an individual is ineligible for Medicaid is not working, and people are being stuck in a loop. We would like to get to a "no wrong door" reality, but right now there is definitely a better door.

January is a high application month anyway. We're implementing MAGI eligibility. We're trying to keep call wait times down, but the more time you're on the phones, the less time you're spending processing applications.

## DOH/DHS/DWS Legislative Priorities

### DHS – Mark Brasher

- Mandated additional needs for individuals enrolled on the waiver programs: \$1.7M General Funds
- The second one is for children who are transitioning from DCFS (foster care) to DSPD: \$500k
- Early mental health intervention: \$1.5 mil, asking the legislature to make that permanent.
- Receiving centers for youth for JJS: \$790,000
- Domestic violence shelters: \$700,000. There is one more center that has been added.
- Weber Valley Detention Center: \$1.2 mil to replace funding cut in 2009
- Local authority outpatient Medicaid match: \$2M was recommended by the Governor, although the initial request was \$3.2M
- Nutrition (Meals on Wheels): \$300,000
- Adult Protective Services - \$214k for 3 new FTE's
- Disabilities waiting list: \$1 mil

### DWS – Kevin Burt

- The only items that may impact Medicaid recipients are requested changes to the child care program to increase the payment rate to providers; funding for after-school programs; increases to refugee services and employment services.

### DOH – Michael Hales

- Giving back \$48.5M of one-time funding – consensus estimate as of December
- The MMIS project is expected to need \$15.5M to completed. Thus far, \$6M has been appropriated. This year's request is for \$1M, leaving \$8.5M unfunded.
- Ongoing funding request: \$13M for the consensus estimate. The estimate is an amalgamation of 7-8 different factors, such as the federal match rate, which is more favorable. It also reflects the decrease in baseline enrollment, and includes mandatory expansion that will take place. It also includes a 2% increase for ACOs and mandatory provider inflation.
- \$350,000 in new money for the state lab to handle the additional complexity of testing. For example, we need to expand drug testing when evaluating DUIs.
- About \$400,000 for telehealth for the Southwest part of the state for Alzheimer's. That would be self-sustaining in subsequent years.

Michelle asked how we make sure the ACO increase goes to the provider. Michael said that we don't have a contractual way to do that. Russ said that SelectHealth said that the increase will go to expand access for Medicaid. There will be a transitional clinic for Medicaid beneficiaries who have a difficult time accessing care. Michelle said that some transparency would be good with that.

Primary legislative issues: Medicaid expansion will be the biggest debate. We think we'll have some direction from the governor in the first few weeks of the session. We anticipate that the Autism Waiver will be discussed along with continued discussion about Autism insurance mandates.

Funding mental health inpatient services: Right now, it's in the Human Services budget, but was historically with the Department of Health. This is problematic for DHS as Medicaid has received funding for caseload growth in the past, however DHS hasn't. This puts pressure on county governments. There are active discussions to return the funding to Health for this reason. The base is about \$3.5M of general fund transferred from Human Services to Health. It goes into the mental health rates right now. We don't have the general fund growth to keep up with the caseload increases. This would be a line item for inpatient mental health, which is part of the rate we pay to the local mental health authorities.

## **Director's Report**

### **Same Sex Marriage**

The federal district court decided that same-sex marriages were legal and there has been a Supreme Court stay on recognizing those marriages.

Medicaid applications that came in December 20-January 5 as a married couple will be processed that way. Applications from January 6 on will not be processed that way. Out-of-state legal marriages are treated the same way. Kevin reported that there are 10-12 individuals to whom this applies. There have been reports of this change being either positive or negative. An example would be for someone who was receiving Medicaid, and previously treated as single, now due to the marriage and the requirement to look at the spouse's income, may now be determined as ineligible, or have a spenddown to pay.

Dr. Cosgrove asked how Medicaid determines family composition. For MAGI, it is essentially the family that's on the tax return. For non-MAGI, which includes applications before January 1, it was based on the people living in that physical location. The combination of ACA/MAGI changes along with same-sex marriage have led to some very unique and complex cases.

### **Legislative Committee**

The first week of the session, Tuesday – Friday our Appropriations Committee will have meetings 8-11 in the morning and 2-5 in the afternoon. That will be focused on the base budget. After the first week, they will work to approve a base budget. There will not be a lot of floor time at the legislature during that time.

### **Federal Budget Deal**

Was passed in late December and extended transitional Medicaid and Qualified Medicare Beneficiary programs through March. Funding is typically allocated on a quarterly basis. At the end of calendar year 2012 the Department was forced to close many cases due to delays and funding not being secured. This extension has prevented a similar issue, but does require monitoring due to the short term nature of the funding.

### **Medicaid Third Party Liability (TPL)**

A new precedent has been set with a recent case in Arkansas. Medicaid can now recover the entire settlement for a personal injury case. This goes into effect October 1, 2014. Prior to this, Medicaid could

only pursue the medical portion of the award. This may have some large implications for Medicaid. While the state spends \$2 billion dollars annually, approximately \$200M is recouped from primary payers and personal injury awards.

### **Home Health Private Duty Nursing**

Healthy U has extended the contract with Harmony Home Health on a conditional basis through the end of June. The hope is that everything will go well and the contract will continue. Healthy U has informed the affected families individually to keep them updated.

### **Non-Emergency Medical Transportation**

Starting February 1, we will have a new non-emergency medical transportation taking over. Logisticare will take over for Pick-Me-Up on that state contract.

### **Access to Tamiflu**

Effective tomorrow, we are suspending the prior auth on Tamiflu and Relenza. The medications are only effective in the first 48 hours of care, so we want to make sure patients can get that. Announcements will be sent to providers, and Gould Health Systems will send out a fax. In addition, all current requests in queue have been approved.

### **Adjourn**

Typically we've cancelled the February meeting due to the legislative session. If that happens, we will send notification to the committee and attendees.

With no further business to consider, the meeting adjourned at 3:34.